

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-479)**

SERIAL NO.

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEP.	NO.	DEP.	NO.	DEP.
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TOTAL NO.						
TOTAL DEP.						
TOTAL FEE						

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